| DEC. 20 2066 12:25PM 17325242808 TO: 18 SUE FEE PART B - FEE(S) TRANSMITTAL | | | | | | | NO. 1786 | NO. 1786 P. 1 | | | |
|--|---|---|--|-----------------------|---|----------|--|-----------------|-------------------|--|--|
| Complete and send th | | · | or <u>Fax</u> | P.O. Alex (571) | Box 1450 andria, Virgi)-273-2885 | nia 22 | 313-1450 | د | | | |
| INSTRUCTION for should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All infrare enterpondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as appropriate. All infrare enterpondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. | | | | | | | | | | | |
| CURRENT CORRESPONDENCE ADDRESS (Now: Uso Block 1 for any change of address) Foc(s) Transf | | | | | | | can only be used for cate cannot be used for such as an assignmenting or transmission. | ir sinv niner a | SCEUMIEMANN: | | |
| 000027777 7590 PHILIP S. JOHNSO JOHNSON & JOHNSON & JOHNSON & J | | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | | | | | | | |
| NEW BRUNSWICK | | Artrena Smith (Depositor's name) | | | | | | | | | |
| | | Artiero fr | | | (Signature) | | | | | | |
| | | | | <u> </u> | 13/30/0 | م)(ر | | | (Date) | | |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVEN | TOR | | ATTO | RNEY DOCKET NO. | CONFIRM | ATION NO. | | |
| 10/699,370 | 10/31/2003 | | Gregory Schorn | | 4.5.45.4 | | COD5047 | | 029 | | |
| TITLE OF INVENTION: REF | TLL KIT FOR AN | MPLANTABLE PUMP | | | 12/20/3 | 1996 T | BESHAH2 00000069 | 100750 | 10699370 | | |
| | | | | | 01 FC:1 02 FC:1 | 504 | 1400.00 DA 300.00 DA | - | – | | |
| APPLN. TYPE S | MALL ENTITY | issue fee dub | PUBLICATION FEE I | auc | PREV. PAID ISSU | E FRE | TOTAL FEE(S) DUE | ш | TE DUE | | |
| noaprovisional | ИО | \$1400 | \$300 | | \$0 | | \$1700 | 12/ | 28/2006 | | |
| EXAMINER | | ART UNIT | CLASS-SUBCLASS | S | | | | | | | |
| DOUGLAS, STE | 141-002000 | | | | | | | | | | |
| 1. Change of correspondence | 2. For printing on the patent front page, list | | | | | | | | | | |
| CFR 1.363). Change of correspondence address (or Change of Correspondence | | | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, | | | | | | | | |
| Address form PTO/SB/122) attached. "For Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | | | | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. | | | | | | | | | | | |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Recorded: 04/21/2004 | | | | | | | | | | | |
| Codman & Shu | Raynham, MA Reel/Frame: 014538/0105 | | | | | | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖺 Corporation or other private group entity 🗀 Government | | | | | | | | | | | |
| 4a. The following fee(s) are submitted: 4b. Payment of Pec(s): (Please first reapply any previously paid issue fee shown above) Classe Fee | | | | | | | | | | | |
| D Publication Fee (No sm | ☐ Payment by credit card. Form PTO-2038 is attached. ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 10-0750 (enclose an extra copy of this form). | | | | | | | | | | |
| 5. Change in Entity Status (| from status indicated | d above) | · · · · · · · · · · · · · · · · · · · | • | | | | | | | |
| D - A - liane alaine M. | AATT PNTTV etati | 12 Sec 37 CFR 1 27 | b. Applicant is r | 10 long | ger claiming SM | LL EN | TTTY status. See 37 C | FR 1.27(g)(| 2). | | |
| NOTE: The Issue Fee and Puinterest as shown by the recommendation | blication Fee (if request of the United Sta | uired) will not be accept ses Patent and Trademan | ed from anyone other k Office. | than t | he applicant; a re | Gretetea | anomey or agent, or i | uc assignee | Or other party in | | |
| Authorized Signature. Eugen 1 Azz 1 | | | <u> </u> | | Date 9 | lov. | 27,2006 | | · · | | |
| Typed or printed nameI | Eugene L. S | zczecina_Jr | | | Registration | | | | | | |
| This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete submitting the completed application for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FRES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persous are required to respond to a collection of information unless it displays a valid OMB control number. | | | | | | | | | | | |